

DEPARTMENT OF LIVESTOCK

PO BOX 202001

HELENA, MONTANA 59620-2001

FAX (406) 444-1929

www.liv.mt.gov



Animal Health Division (406) 444-2043

Brands Enforcement Division (406) 444-2045

Centralized Services Division (406) 444-4994

Executive Office/Board Of Livestock (406) 444-7323

Meat & Poultry Inspection Division (406) 444-5202

Milk & Egg Bureau (406) 444-9761

DSA Brucellosis Test Compensation Request for Producers

IMPORTANT: Tests on this form must have been sampled during FY17 (July 1, 2016 through June 30, 2017). Reimbursement requests must be received within 60 days of test.* Please also submit a completed W-9 form if you haven't done so previously or have had an address change. Additional information & forms are available at www.liv.mt.gov.

Producer Name: _____

Date submitted: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____

Producer Signature

	Veterinarian Name	Reason for Test: (check all that apply)	Blood Draw Date	Accession # or Lab Case #	Total Animals Tested
1		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
2		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
3		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
4		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
5		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
6		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
7		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			

*Please call if you have testing performed after May 1, 2017. These forms must be received before July 1, 2017 in order to be processed for reimbursement.

Return form to Emily Kaleczyc: ekaleczyc@mt.gov

fax: (406) 444-1929 or

PO Box 202001, Helena MT 59620-2001

TOTAL ANIMALS TESTED: _____

TOTAL INVOICE AMOUNT (\$2.00/hd): _____

Office Use Only:

SV-16 (revised 5/15)

Total Epi: _____

Total DSA: _____

Total: _____

